

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

8416

1. PLACE OF DEATH

County *Jamez*

Registration District No. *861*

File No. *2*

Township *24*

Primary Registration District No. *613.2*

Registered No. *2*

City *Pickens* (No. *24*)

St. *Mo.*

Ward

2. FULL NAME

(a) Residence, No. *24*

St. *Mo.*

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Divorced*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*4/25-18-56*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*84*

*8*

*20*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*carpenter*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*all the time*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Shelby Ohio*

FATHER

13. NAME

*unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*..*

*9*

MOTHER

15. MAIDEN NAME

*unknown*

*9*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*..*

17. INFORMANT (ADDRESS)

*Walter Woods, Pickens Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Pickens Mo.*

DATE *Feb. 18*

*40*

19. UNDERTAKER (ADDRESS)

*P. B. Reynolds, 1112 N. 1st St., St. Louis, Mo.*

20. FILED

*Feb. 20 1940*

*Irma B. Reynolds*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Feb. 18, 1940*

22. I HEREBY CERTIFY, That I attended deceased from

*2-10-1940 to 2-14-1940*

I last saw him alive on *2-10-1940* Death is said

to have occurred on the date stated above, at *3:45 P.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic cystitis*

*Prostatitis*

*127*

Other contributory causes of importance:

*congestive heart failure*

*102 days*

Name of operation *none* Date of *..*

What test confirmed diagnosis? *Phys Exam* Were an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *..*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *V*

Nature of injury *V*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *yes*

(Signed) *E. G. Hummel* M. D.

(Address) *Bradleyville, Mo.*

RECEIVED

District Health Officer No. 6,

District File Number 340-818

Date Filed MAR 12 1940

8-611  
12-1935  
MAY 24

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8416**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **861**

Primary Registration District No. **6132**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Taney**  
(b) City or town **Swartz rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME **Wm Henry Bigelow**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Div**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased..... 4 25 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 84 89 20** hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) **Feb. 20, 1948** (b) **Loene B. Reynolds**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Taney**  
(c) City or town **Dickens Mo. Rural**  
(If outside city or town limits write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH Month **Feb** day **14**  
year **1948** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature **L. G. Heyman** (M. D. or other)

Address **Bradleyville** Date signed **Jan 20**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTAL

